

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/763,696 FILING DATE _____
APPLICANT(S) _____

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1		1			
2	1	1			
3	2	2			
4	1	1			
5	2	2			
6	2	2			
7	1	1			
8	1	1			
9	1	1			
10	1	1			
11	2	2			
12	2	2			
13	2	2			
14	2	2			
15	2	2			
16	2	2			
17	2	2			
18	1	1			
19	2	2			
20	1	1			
21	1	1			
22	1	1			
23	2	2			
24	1	1			
25	1	1			
26	2	2			
27	2	2			
28	1	1			
29	2	2			
30	2	2			
31	1	1			
32	1	1			
33	1	1			
34	1	1			
35	2	2			
36	2	2			
37	2	2			
38	2	2			
39	2	2			
40	2	2			
41	1	1			
42	2	2			
43	2	2			
44	1	1			
45	1	1			
46	2	2			
47	2	2			
48	1	1			
49	2	2			
50	2	2			
TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
51	1	1			
52	1	1			
53	1	1			
54	1	1			
55	2	2			
56	2	2			
57	2	2			
58	2	2			
59	2	2			
60	2	2			
61	2	2			
62	1	1			
63	2	2			
64	2	2			
65	1	1			
66	2	2			
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TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	